



# WARWICKSHIRE COUNTY COUNCIL.

## EDUCATION COMMITTEE.

*March 4th, 1919.*

TO THE EDUCATION COMMITTEE,

WARWICKSHIRE COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

1. I beg to present my Report for the year ending 31st December, 1918, on the Medical Inspection of School Children carried out in the Administrative County of Warwick, under the Education (Administrative Provisions) Act, 1907.

2. Owing to the continued absence of two of the Assistant Medical Officers on military service, and to the resignation on January 31st of Dr. W. H. Parkinson, it was not possible to carry on Medical Inspection uninterruptedly during the year. A temporary successor could not be obtained until April 15th, consequently Inspection was in abeyance during the full months of February and March, except in so far as I was able to give personal attention to cases of special importance and urgency. This I did as occasion arose.

3. The staff of Health Visitors, whose duties include those of School Nurses, has remained numerically the same as in the previous year—fifteen including the Superintendent. Three resigned, their places being filled by Miss Evans, Rugby Urban District (since resigned), Miss Redfern, Rugby Rural District, and Miss Carr, Meriden District.

4. In the Administrative County there are 319 Schools and Departments, with a school population of approximately 37,000.

5. No new schools have been built during the year, and repairs have only been carried out when the needs were urgent and imperative. Accommodation in a number of schools is at present strained to the utmost, and on this account schemes are now in hand to supply the requirements of those districts most seriously affected.

### (a) GENERAL STATEMENT OF THE EXTENT AND SCOPE OF MEDICAL INSPECTION AS CARRIED OUT IN 1918.

6. The system adopted since the depletion of the Medical Staff of examining only "ailing children" has again been followed during the year under review, this course having received the full approval of the Board of Education.

7. The selection of such "ailing children" has been systematically made by the School Nurses, acting in close co-operation with the Head Teachers, who have, without exception, given every assistance possible for this purpose. In 43 of the smaller schools and departments no children falling under this category were discovered, and consequently no inspection was held at such schools.

8. Apart from those children seen at School Clinics, 2,202 have been examined in the Schools, 1,184 boys and 1,018 girls. At the Clinics 724 children have been under observation, making a total of 2,926 ailing children examined during the year. In addition to these, 631 re-examinations have been made of children found defective at former inspections, tabulated as follows :—

TABLE OF RE-EXAMINATIONS.				Results of Treatment.			
Condition.				Total.	Remedied.	Improved.	Unchanged.
Clothing	.....	.....	.....	—	—	—	—
Footgear	.....	.....	.....	—	—	—	—
Cleanliness of head	.....	.....	.....	2	1	1	—
Cleanliness of body	.....	.....	.....	8	2	5	1
Nutrition	.....	.....	.....	24	16	5	3
Nose and Throat	.....	.....	.....	258	118	13	127
External eye disease	.....	.....	.....	29	19	2	8
Ear disease	.....	.....	.....	24	17	4	3
Teeth	.....	.....	.....	5	1	—	4
Heart and circulation	.....	.....	.....	9	4	2	3
Lungs	.....	.....	.....	2	1	1	—
Nervous system	.....	.....	.....	4	4	—	—
Skin	.....	.....	.....	9	9	—	—
Rickets	.....	.....	.....	3	1	1	1
Deformities	.....	.....	.....	14	8	3	3
Tuberculosis—non-pulmonary	.....	.....	.....	9	6	2	1
Speech	.....	.....	.....	—	—	—	—
Mental condition	.....	.....	.....	4	2	—	2
Vision and Squint	.....	.....	.....	194	146	8	40
Hearing	.....	.....	.....	4	4	—	—
Miscellaneous	.....	.....	.....	29	16	3	10
Total				631	375	50	206

9. In order to help forward the work and prevent the entire cessation of Medical Inspection during the months of February and March, when the Assistant Staff was reduced to nil, I personally carried out Routine Inspection at 14 departments, and on various dates throughout the year examined 165 Special cases, 75 boys and 90 girls, together with examination of Teachers 2, Pupil Teachers 3, Scholarship Pupils 11.

10. The total number of children examined during the year, including re-examinations, Special cases, and School Clinic cases was 3,738, as compared with 3,393 in the previous year.

(b) REVIEW OF THE RESULTS OBTAINED IN “ FOLLOWING UP ” DEFECTS.

11. The following up of defects discovered at Medical Inspection has been left largely in the hands of the Health Visitors, who in their capacity of School Nurses have again done admirable service.

12. Of 2,202 ailing children examined at Medical Inspection, 1,360, or 61 per cent., were recommended for treatment. In addition to these, the School Nurses dealt with 463 cases left over from previous years, and 4,347 cases discovered either by themselves during their periodical visits to the Schools, by Head Teachers, or by School Attendance Officers. This latter figure refers chiefly to Unclean heads, to cases of Scabies, Impetigo and Ringworm.

13. To the total of 6,170 children suffering from defects of various kinds, 8,710 home visits have been paid, an average of 622 visits for each School Nurse. 536 cases remained untreated at the end of the year.

14. The custom of making a general inspection of children in the schools in respect of Uncleanliness has been continued, and is receiving the cordial support of the majority of the Head Teachers. 16,228 children were examined in this connection.

15. It is rather disheartening after so many years of Medical Inspection, still to find so many children whose heads can only be described as being of such a condition as to be a distinct menace to health. 662 girls were discovered, as a result of these routine surveys of the children, to be harbouring vermin in their heads. Ample evidence has been supplied from among our troops during active service of the danger to health caused by such parasites, and it is only to be hoped that the discomfort experienced by the men in the trenches will act as a stimulus to many of those mothers who up to the present have failed to realize the possibilities associated with these infective pests. As a result of the energies of the School Nurses, it is encouraging to note that of the 662 cases showing evidence of live vermin all were treated effectually, with the exception of 15. Drastic measures would have been taken with these few cases, but for the fact that the taking of legal proceedings during the war was not encouraged, except in exceptional cases. It is imperative that examples should now be made in certain parts of the County, notably in the Warwick Urban and Rural Districts and in Foleshill, where the majority of these neglected children were discovered.

16. Scabies was as prevalent throughout the County as in the previous year, 365 cases being reported, as compared with 318 during 1917. It is, however, gratifying to find that of these only five remained untreated at the end of the year.

17. *Defective Vision.*

Of 442 cases of Defective Vision and external eye diseases, including 126 left over from the previous year, 267 received medical advice, and of these 196 obtained spectacles, 37 sought advice from chemists and opticians, and 138 remained untreated at the end of the year. Deducting 42 cases of external eye disease, only 49 per cent. were supplied with spectacles during the year. It is hoped that the further facilities which will be available next year will yield a much higher percentage of treated cases. The delinquents in this respect were found chiefly in the Atherstone, Rugby and Bedworth Districts. The difficulties during the past year attendant upon railway travelling have been largely responsible for the neglect of treatment at least in the Atherstone and Rugby Districts.

18. *Enlarged Tonsils and Adenoids.*

Of 387 cases followed up by the School Nurses, 232 of these being carried forward from the previous year, 109 or 28 per cent. received operative treatment. While this percentage of operated cases is undoubtedly small, it must be noticed that 247 obtained medical advice, many of them being recommended not to trouble about operative interference. I am convinced that this advice, if the parents' statements could be relied upon, was not justifiable in every instance. The scarcity of civil doctors during the war and their reluctance to operate on these cases single-handed may account to some extent for the advice so often given to leave well alone in the hope that the child will "grow out of" the trouble.

19. With a view to assisting children towards their ultimate cure after operation for Adenoid growths, I have drawn up and had distributed the following leaflet, which I am confident will be of inestimable value to the children if the advice is carried out assiduously.

WARWICKSHIRE EDUCATION COMMITTEE.

*Simple Breathing Exercises, to correct the habit of Mouth-breathing, and for use after the operation for Adenoid growths.*

- 1.—Before commencing the exercises, the nose should be well blown, the proper way being, to close first one, then the other nostril, clearing the nose by one or two prolonged blasts through the open nostril.



- 2.—While breathing deeply through the nose, the nostrils should be opened widely, especially while breathing “in.”
  - 3.—The mouth must be kept closed during the exercises, both while breathing “in” (inspiration), and while breathing “out” (expiration). To ensure this the child should hold tightly between the lips a small piece of clean wood the size of a match.
  - A. From the position of “Attention,” with heels together and toes apart, rest the hands lightly on the front of the lower ribs, with the tips of the fingers two or three inches apart and pointing inwards :—
 

Breathe slowly “in,” till chest is full.

Breathe slowly “out” (the child can thus feel the chest expanding and contracting).

Repeat this exercise about 20 times morning and night.
  - B. From the position of “Attention,” with arms at the sides, swing the arms up slowly over the head, the palms pointing inwards, and breathing deeply “in,” then lower the arms slowly to the side, breathing “out.”
- Repeat this exercise from 20 to 30 times morning and night, until the habit of “mouth breathing” has been quite overcome.

#### NOTE.

- 1.—Mouth-breathing is a common cause of colds, and frequently leads the way to Consumption.
- 2.—If the habit of “mouth-breathing” is still continued after Adenoids have been removed by operation, these growths are likely to return.
- 3.—Sleep with the window open, as fresh air at night is as important for health as fresh air during the day.
- 4.—Insist upon your child carrying a pocket-handkerchief, and using it properly, as the onset of Adenoids is undoubtedly favoured by the absence or misuse of this necessary article.

(Signed) A. HAMILTON WOOD, M.D., D.P.H.,

*School Medical Officer,  
16, Northgate Street, Warwick.*

#### 20. *Pulmonary Tuberculosis.*

Eighty-two cases of incipient and threatened Pulmonary Tuberculosis were under observation during the year. Of these, all but four received medical treatment. Sanatorium treatment was given by the Joint Committee for Tuberculosis to 17 County children, some being sent to Bramcote Sanatorium and some to Sanatoria belonging to outside authorities. Even the short period of residence allowed them, in no case exceeding 3 months, had a most beneficial effect upon the majority.

21. The undesirability of mingling children with adult patients as obtains under present circumstances at Bramcote Sanatorium is fully appreciated, and points to the urgent necessity for the provision of an Open-air School of Recovery, where children could receive not only treatment suitable for their individual needs, but at the same time education on approved lines, and so allow of a length of stay at such an institution that would be of real and lasting value from the point of view of cure.

22. Your Committee have, during the war, had this matter under consideration, and I would now urge the desirability of taking further steps to bring the projected scheme into operation, and so assist in the salvation of many who must otherwise go to swell the ranks of the young adult victims of Tubercular disease.

(c) MEDICAL TREATMENT.

(1) *Minor Ailments Clinics.*

23. There are now five School Clinics in operation throughout the County—Warwick, Kenilworth, Rugby (2), and Atherstone.

24. The WARWICK Clinic opened during the previous year has been held twice weekly—on Tuesday and Saturday mornings—under my personal supervision. During the year 426 children have received treatment, and 1,550 attendances have been made. Its popularity has increased both with teachers and parents, as its advantages have become more widely known and appreciated. The defects, for which treatment was obtained, are shewn on Table VI. in the Appendix.

25. On June 28th a School Clinic was opened at the Council School, KENILWORTH, which has since been held weekly by the School Nurse, under my own supervision. 97 children have received treatment, and 201 attendances have been made.

26. ATHERSTONE School Clinic, at present held temporarily in the Coookery Classroom of the Girls' Council School, was opened on September 11th. The School Nurse carries out the treatment, under my supervision, on Wednesday mornings. Since the Clinic commenced 87 children have been treated and 149 attendances have been made.

27. RUGBY School Clinics. Two Clinics were opened at Rugby on September 23rd—one at Wood Street Infants' School to serve the Eastern part of the town, and the other at the West Council Girls' School to take in New Bilton and the Western division of the town. These are held weekly on Monday forenoon and afternoon respectively. The same arrangements as obtain at Kenilworth and Atherstone apply to Rugby, the School Nurse carrying on the Clinic, under my personal supervision. At both Clinics 114 children have been treated and 219 attendances registered.

28. These minor ailments Clinics, with the exception of that at Warwick, have, as a war-time measure, been carried on largely by the School Nurses, who have done their work in a most satisfactory manner. Being, during the year under review, practically single-handed, it was impossible for me to visit each Clinic more frequently than once a fortnight, but now that the Medical staff is demobilized and shortly to be increased by the appointment of a fourth Assistant Medical Officer, more constant Medical supervision will in future be possible.

29. At all the Clinics 724 children have received treatment, and 2,119 attendances have been registered. The ailments for which treatment is most commonly sought are Impetigo, Ringworm, Scabies, and other skin diseases, Dirty Heads, Discharging Ears, and External Eye diseases. I am confident that school attendance must have improved rather than suffered as a result of the institution of these Minor Ailments Clinics, as children are frequently permitted to attend school while under treatment who would otherwise remain at home until spontaneous cure allowed them to return. Another point I am pleased to report is the unanimous support of and satisfaction expressed by the Teachers whose scholars have the advantage of such treatment.

(2) *Operative Treatment of Enlarged Tonsils and Adenoids.*

30. Towards the end of the year arrangements were made with the authorities of the Tamworth Hospital for the operative treatment of school children suffering from Enlarged Tonsils and Adenoids at an inclusive fee of 15s. per case. Owing to the Influenza epidemic little advantage could be taken of this arrangement, only 8 cases being treated up to December 31st. Since then operations have been more frequent and the results have, so far, been eminently satisfactory. All children who have been operated on are given a leaflet on Breathing Exercises, and are re-examined by the Assistant School Medical Officer not later than three months after operation, the result being recorded on their Inspection Schedule.

31. Similar arrangements have been made at the Stratford-on-Avon Hospital, 15s. being paid for each case operated on and recommended by the School Medical Officer, the parents paying a Registration Fee to the Hospital of one shilling.

32. Arrangements have also been made with the Hospital of St. Cross, Rugby, to enable school children from Rugby and the neighbourhood to be operated upon for Enlarged Tonsils and Adenoids, the Education Committee making an annual contribution for this purpose of £10 10s. 0d. to the Hospital.

33. In every district in which facilities for treatment have been provided by the Education Committee parents will be asked to contribute 5s. towards the cost of treatment, this charge being reduced or remitted in necessitous cases.

### *(3) Treatment of Defective Vision.*

34. Towards the end of the year provision was made for the treatment of Defective Vision at the Stratford-on-Avon Hospital at a charge to the Education Committee of 5s. per case, the parents paying a Registration Fee of 1s. and making their own arrangements for the provision of spectacles. These are obtained at as moderate a cost as possible. Up to December 31st, 15 cases were treated at this Clinic.

35. It has been the practice of the Education Committee for some years to assist necessitous cases in the purchase of spectacles and in the payment of railway fares to Hospitals in connection with the treatment of visual defects, and this practice still obtains at the present time. During the year under review the cost of such assistance has amounted to £8 11s. 7d.

36. Further facilities for the treatment of Defective Vision are provided by a contribution of £4 4s. 0d. being made for Hospital Tickets to the Warneford Hospital, Leamington, and £2 2s. 0d. for the same purpose to the Eye Hospital, Birmingham.

### *(4) X-Ray Treatment of Ringworm.*

37. There seems to be little decline in the prevalence of Ringworm throughout the County, the School Nurses having had under observation 595 cases. Of these 438 were new cases notified by Teachers and School Attendance Officers and 64 discovered and dealt with at the School Clinics. I have continued, as in former years, the microscopical examination of Hairs submitted by the School Nurses. Of 593 examinations, 390 were positive, 192 negative after treatment, and 11 were found not to be Ringworm. The usual procedure of notifying the parents after a positive result has been obtained microscopically to seek immediate medical treatment or to continue treatment has again been followed.

38. Facilities for the X-Ray treatment of the more severe and protracted cases have, as formerly, been provided at the Warneford Hospital, the Coventry School Clinic (by arrangement with the Coventry Education Committee), and at Rugby, 14, 23, and 9 cases being treated respectively during the year. Owing to the Influenza epidemic monopolising the time of the operators both in the summer and autumn outbreaks, only 46 cases were treated, as compared with 69 in the previous year. There is at present a waiting list of 26. It is to be hoped that with the advent of the School Clinics many cases will be kept under the constant supervision of the Assistant Medical Officers, and their attendance at school rendered possible while under appropriate treatment at the Clinics.

### *(5) Further Provision for Medical Treatment.*

39. On December 11th I presented to School Attendance and Medical Inspection Committee a Report embodying suggestions for the extension of the provisions for treatment at present in operation in the County, including a scheme for Dental Inspection and Treatment, which have been considered in detail. The proposals include further facilities for the



treatment of Enlarged Tonsils and Adenoids, Defective Vision, and the treatment of Minor Ailments. These suggestions, it is hoped, will, on your approval, become operative during the coming year.

40. As the Dental treatment of school children is an entirely new development in this County, I think it well to include in my Report the scheme I have prepared in this connection, which it is hoped will be carried into practice at an early date.

#### SCHEME FOR DENTAL INSPECTION AND TREATMENT.

1. Experience has shewn that it is advisable, in initiating a scheme for Dental treatment, to commence with the children between the ages of 6 and 8, that being the age at which the permanent teeth first erupt, and when conservative treatment of the primary teeth is of the utmost importance. I would suggest, therefore, that for the first year, children between the ages of 6 and 8, should undergo Routine Dental Inspection and Treatment.
2. Dental "Specials" (children of other ages requiring treatment) might also be undertaken where time permits.
3. Children already treated will be kept under observation during subsequent years.
4. Dental Inspection will be conducted in the Schools in a manner similar to Medical Inspection. Treatment, on the other hand, should be carried out at suitable Centres, and only in the Schools where Centres are not available or practicable, e.g., in the scattered rural districts.
5. A Dental Schedule will be filled up for every child inspected, the names of those requiring treatment being notified to the Office of the School Medical Officer.
6. On obtaining the consent of the parents, children will be notified to attend for treatment at a Centre or School on an appointed day, the parent being charged a Registration Fee of 1s., this fee covering treatment given for one year. In necessitous cases this fee may be reduced or remitted. It is desirable that all fees should be collected at the Clinic by the Nurse, and forwarded to the School Medical Officer.
7. A Nurse will assist the Dentist both during inspection and treatment.

#### STAFF.

8. At least for the first year and in all probability during the following year one whole-time School Dentist will suffice. In order to cope with the work which will have increased by the third year by virtue of annual re-inspections, the appointment of an additional whole-time Dentist will be found necessary.
9. Anæsthetists—When the Dentist finds, after inspection, that in some cases a general anæsthetic will be necessary, arrangements for its administration might conveniently be made with local practitioners.
10. Nurses—Since it would be disadvantageous to use the School Nurses on the staff of the School Medical Officer—at present fully employed in connection with Medical Inspection and other Public Health activities—to assist the Dentist at inspection and treatment, arrangements might well be made with District Nursing Associations for the services of their District Nurses, on terms to be agreed upon with the Associations.

#### CENTRES OR CLINICS.

11. In the more populous areas, Temporary Centres would, generally speaking, meet all requirements. For this purpose a suitable room might be hired for one or more days as required, or accommodation might be found in one of the Schools, provided the rooms selected were not directly adjoining the classrooms.

12. The provision of such Temporary Centres would be warranted in any part of the County where a sufficient number of Schools could conveniently be tapped, such as Warwick, Kenilworth, Bedworth, Atherstone, Glascote, Alcester, Stratford-on-Avon, Southam and Brailes.
13. The more rural schools would be dealt with individually, the best arrangements possible being made at the school.
14. In only one instance would I recommend for the present the provision of a Permanent Dental Clinic, that is in the Urban District of Rugby. The populous character of this district, which includes New Bilton and neighbouring villages, calls for such provision. I estimate that there will be sufficient work here to require the holding of a Clinic at least one half-day a week. I would suggest that a room for this purpose be secured at No. 16, Hillmorton Road, already taken by the Health Committee for purposes in connection with its sanitary work. This Clinic could be undertaken by a local part-time Dentist, but during the inception of the scheme it might be more economical to utilize the services of the whole-time Officer.

#### CONVEYANCE AND EQUIPMENT.

15. The Dentist should be provided with a Motor Car, together with portable equipment which could thus be conveyed from place to place with ease.
16. The equipment would consist of a Folding Chair, Portable Dental Engine and Cabinet, Spittoon, Basins, Instruments, and Apparatus for Gas administration.
17. The Rugby Centre should be fitted with permanent equipment, since this will be in use weekly or oftener as occasion arises.

#### ESTIMATES.

18.	<i>Capital Expenditure.</i>	£
	(a) Motor Car (if provided) .....	300
	(b) Appliances for One Dentist .....	70
	(c) Fittings for Permanent Clinic .....	80
		<hr/> £450
19.	<i>Annual Cost of Maintenance.</i>	
	(1) Salaries—	£
	(a) One whole-time Dentist .....	350—400
	(b) Anaesthetists .....	30
	(c) Contributions to District Nursing Associations .....	50
	(2) Travelling Expenses .....	150
	(3) Printing, etc. ....	40
	(4) Drugs and Materials .....	40
	(5) Rent of Permanent Clinic and Temporary Centres .....	40
		<hr/> £750

#### (d) REVIEW OF ACTION TAKEN TO PREVENT THE SPREAD OF INFECTIOUS DISEASE IN SCHOOLS.

41. Ten thousand nine hundred and five notifications of Infectious Disease, including Skin diseases and Verminous conditions, have been received from Teachers and School Attendance Officers, as compared with 6,625 during the previous year. There has been a distinct fall in the incidence of Measles, Scarlet Fever, Diphtheria, and Sore Throats, while the prevalence of Whooping Cough has greatly increased.

42. The disease which yielded 5,316 notifications, equalling in number all the other infectious diseases put together, was Influenza. This is hardly to be wondered at when one remembers the two epidemics that invaded the country during the year, the first occurring



in July, and the second during the months of October to December, the crest of the wave being reached towards the latter end of November. The Autumn epidemic, undoubtedly the more virulent of the two, spread with extraordinary rapidity until every town and every village, almost without exception, was in the grip of the disease. The rural district of Brailes was the last part of the County to become affected, and it is interesting to note that, at the time of going to print, the present outbreak is centred largely in this area. During the last three months of the year and the latter half of September, 266 schools and departments were closed. In the earlier epidemic closure for the period of a week or 10 days was usually found sufficient, but in the later outbreak it was found impossible to re-open sooner than three weeks, and in some instances an extension even of this period was necessary.

43. While there has been considerable diversity of opinion as to the advisability of school closure as a sanitary measure in the control of Influenza, I am bound to say that the possibilities for the spread of the disease in schools, where children are naturally anxious as to their attendance, and ventilation, especially during the cold winter months, is too often entirely inadequate, are such that nothing short of early closure should be considered if an attempt is to be made at all to influence the limitations of a local outbreak.

44. With a view to educating the children, and through them their parents, in the taking of preventive measures against the spread of Influenza, a leaflet was drawn up and distributed to all the schools, which no doubt assisted largely in the control of the disease.

(e) BLIND, DEAF, AND MENTALLY DEFECTIVE CHILDREN.

45. During the year 3 Blind children have been sent to Certified Schools for the Blind, 12 children being at present maintained in such Institutions.

46. Three Deaf and Dumb children have been sent to Certified Schools during the year, 13 children being at present maintained in such Institutions.

47. Only one Feeble-minded child has been sent to a special school during the year, but it is hoped that in the following year accommodation will be found for a larger number.

48. Arrangements might now with advantage be made for the holding of special classes in some of the more populous areas where a sufficient number of Feeble-minded children can conveniently be brought together for instructional purposes.

49. The Warwickshire Branch of the Voluntary Association for the Care of the Feeble-minded has continued to do excellent service in the home visitation of children excluded from school on account of Mental Defect, and I am convinced that from this Association extremely useful service will be possible in the future when provision is made by your Committee for the educational treatment of such children.

50. In conclusion, I would like to tender my thanks to the Director of Education for the assistance he has so willingly given me while carrying out Medical Inspection under admittedly adverse conditions, to the Teachers and School Attendance Officers for their interest and active co-operation in the work, and to the staff of School Nurses, who have, at all times, given the best of their services in the interests of your Committee.

I have the honour to remain,

Your obedient Servant.

A. HAMILTON WOOD, M.D., D.P.H.,

*School Medical Officer.*

Table 1. Number of Children Inspected 1st January, 1918.  
To 31st December, 1918.

A. "Code" Groups.

ENTRANTS.						
Age.	3.	4.	5.	6.	Other Ages.	Total.
Boys						
Girls					NIL.	
Totals						

  

LEAVERS.						
Age.	Intermediate Group. 8.	12.	13.	14.	Other Ages.	Total.
Boys						
Girls					NIL.	
Totals						

B. Groups other than "Code." x.

1.	Intermediate Group (other than 8 years). 2.	Special Cases. 3.	Re-Examinations (i.e. No. of Children Re-examined. 4
Boys		1,495	
Girls		1,431	
Totals		2,926	631

Table II    Return of Defects found in the Course of Medical  
Inspection in 1918.

Defect or Disease.	CODE GROUPS.		SPECIALS.	
(1)	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION - - -	-	-	14	4
UNCLEANLINESS—Head - - -	-	-	93	—
Body - - -	-	-	11	—
SKIN—Ringworm, Head - - -	-	-	66	—
Body - - -	-	-	39	—
Scabies - - -	-	-	58	—
Impetigo - - -	-	-	232	—
Other Disease - - -	-	-	53	—
EYE—Defective Vision and Squint - - -	-	-	249	20
External Eye Disease - - -	-	-	42	3
EAR—Defective Hearing - - -	-	-	28	3
Ear Disease - - -	-	-	56	5
TEETH—Dental Disease - - -	-	-	23	—
NOSE AND THROAT—				
Enlarged Tonsils - - -	-	-	115	51
Adenoids - - -	-	-	76	18
Enlarged Tonsils and Adenoids - - -	-	-	35	2
DEFECTIVE SPEECH - - -	-	-	—	7
HEART AND CIRCULATION—				
Heart Disease, Organic - - -	-	-	10	12
Functional - - -	-	-	1	2
Anaemia - - -	-	-	10	4
LUNGS—Pulmonary Tuberculosis, Definite - - -	-	-	6	1
Suspected - - -	-	-	11	5
Chronic Bronchitis - - -	-	-	5	3
Other Disease - - -	-	-	1	4
NERVOUS SYSTEM—Epilepsy - - -	-	-	2	1
Chorea - - -	-	-		
Other Disease - - -	-	-	1	2
NON-PULMONARY TUBERCULOSIS—Glands - - -	-	-	4	2
Bones and Joints - - -	-	-	1	1
Other Forms - - -	-	-	4	1
Rickets - - -	-	-	—	1
Deformities - - -	-	-	12	7
Other Defects or Diseases - - -	-	-	178	52



**Table III.—Numerical Return of all Exceptional Children in the Area in 1918.**

			Boys.	Girls.	Total.
Blind. (including partially blind).		Attending Public Elementary Schools - -	—	Nil	—
		Attending Certified Schools for the Blind - -			12
		Not at School - -			
Deaf and Dumb. (including partially deaf).		Attending Public Elementary Schools - -	—	Nil	—
		Attending Certified Schools for the Deaf - -			13
		Not at School - -			
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools - -			
		Attending Certified Schools for Mentally Defective Children		1	1
		Notified to the Local (Control) Authority during the Year	—	Nil	—
	Imbeciles.	At School - -			
		Not at School - -	—	Nil	—
	Idiots.				
Epileptics.		Attending Public Elementary Schools - -			
		Attending Certified Schools for Epileptics - -	—	Nil	—
		Not at School - -			
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools - -			
		Attending Certified Schools for Physically Defective Children			
		Not at School - -			
	Other forms of Tuberculosis.	Attending Public Elementary Schools - -			
		Attending Certified Schools for Physically Defective Children			
		Not at School - -			
	Cripples other than Tubercular.	Attending Public Elementary Schools - -	6	2	8
		Attending Certified Schools for Physically Defective Children			
		Not at School - -			
Dull or Backward.		Retarded 2 years - -			
		Retarded 3 years - -			

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN DURING 1918.

CONDITION.	No. of defects found for which Treatment was considered necessary.			No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.			Remedied.	Improved.	Unchanged.		
Clothing -	—	—	—	—	—	—	—	—	—	—
Footwear -	—	—	—	—	—	—	—	—	—	—
Cleanliness of Head	26	636	662	647	12	—	—	15	97.7	—
Cleanliness of Body	8	4	12	12	—	—	—	—	100.0	—
Nutrition -	—	13	13	—	—	—	—	—	—	—
Nose and throat -	232	155	387	109 (Operations.)	—	—	—	140	28.1	—
External eye disease	—	—	—	—	—	—	—	—	—	—
Ear disease -	29	84	113	77	—	—	—	36	84.0	—
Teeth -	—	—	—	—	—	—	—	—	—	—
Heart & Circulation	25	114	139	127	—	—	—	12	90.0	—
Lungs -	2	80	82	78	—	—	—	4	95.1	—
Nervous system -	—	—	—	—	—	—	—	—	—	—
Skin -	8	1938	1946	1935	—	—	—	11	99.9	—
Rickets -	—	—	—	—	—	—	—	—	—	—
Deformities -	6	20	26	21	—	—	—	5	80.7	—
Tuberculosis—non-pulmonary -	—	6	6	—	—	—	—	—	—	—
Speech -	—	—	—	—	—	—	—	—	—	—
Mental condition -	—	—	—	—	—	—	—	—	—	—
Vision and squint -	126	316	442	267	—	—	—	175	60.4	—
Hearing -	—	—	—	—	—	—	—	—	—	—
Miscellaneous -	143	571	714	638	—	—	—	76	85.7	—

**TABLE V.—INSPECTION, TREATMENT, &c. OF CHILDREN  
DURING 1918.**

(1)	The total number of children medically inspected (whether Code Group, special or ailing child)	2,926
(2)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	211
(3)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.	1,332
(4)	The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.).	-



**TABLE VI.**  
**Cases at School Clinics—Referred for Treatment, 1918.**

			Atherstone.	Rugby West C.	Wood Street Infants.	Kenilworth.	Warwick.	TOTALS—Clinics.	Medical Inspection.	GRAND TOTAL.	
Malnutrition			.....	.....	.....	.....	1	1	13	14	
Uncleanliness—Head			.....	9	7	8	9	47	80	93	
Body			.....	.....	2	.....	5	7	4	11	
SKIN	{	Ringworm—Head	.....	4	3	11	12	34	64	2	66
		Body	.....	.....	1	3	5	28	37	2	39
		Scabies	.....	4	8	5	2	34	53	5	58
		Impetigo	.....	44	10	9	26	119	208	24	232
		Other Disease	.....	4	5	3	8	24	44	9	53
EYE	{	Defective Vision and Squint	.....	.....	3	.....	4	8	15	234	249
		External Eye Disease	.....	4	1	.....	4	16	25	17	42
EAR	{	Defective Hearing	.....	.....	2	1	.....	3	6	22	28
		Ear Disease	.....	1	2	1	.....	15	19	37	56
Teeth (Dental Disease)			.....	.....	1	1	1	1	4	19	23
NOSE and THROAT	{	Enlarged Tonsils	.....	2	.....	1	.....	3	112	115	
		Adenoids	.....	2	13	1	1	6	23	53	76
		Enlarged Tonsils and Adenoids	.....	4	.....	1	1	3	9	26	35
Defective Speech			.....	.....	.....	.....	.....	.....	.....	.....	
HEART and CIRCULA- TION	{	Heart Disease	.....	.....	.....	.....	.....	.....	.....	.....	
		Organic	.....	.....	.....	.....	2	2	8	10	
		Functional	.....	.....	.....	.....	.....	.....	1	1	
		Anæmia	.....	.....	.....	.....	4	4	6	10	
LUNGS	{	Pulmonary Tuberculosis—Definite	.....	.....	.....	.....	5	5	1	6	
		Suspected	1	.....	.....	3	.....	4	7	11	
		Chronic Bronchitis	.....	.....	.....	.....	2	2	3	5	
		Other Disease	.....	.....	.....	.....	.....	.....	1	1	
NERVOUS SYSTEM	{	Epilepsy	.....	.....	.....	.....	.....	.....	2	2	
		Chorea	.....	.....	.....	.....	.....	.....	.....	.....	
		Other Disease	.....	.....	.....	.....	.....	.....	1	1	
{	Non-pulmonary Tuberculosis—Glands	.....	1	.....	.....	.....	1	3	4		
	Bones and Joints	.....	.....	.....	.....	.....	.....	1	1		
	Other Forms	.....	.....	.....	2	.....	2	2	4		
Rickets			.....	.....	.....	.....	.....	.....	.....	.....	
Deformities			.....	.....	.....	.....	1	1	11	12	
Other Defects or Diseases			.....	7	7	4	19	68	105	73	178
TOTALS			.....	87	63	51	97	426	724	712	1436



Tabular Statement of Work

undertaken by the Health Visitors and School Nurses.

	Total No. of Defective Cases Reported by the A.S.M.O.		Total No. otherwise Notified.	Total No. of Visits made.	Total No. of Cases Unvisited—i.e., Left School, Removed, Not Seen, Not Found.		Total No. of Cases Treated.	Total No. of Cases Untreated.	Total No. of Children Examined in School.	Total No. of Medical Inspections attended at the Schools.	No. of Cases Reported to the N.S.P.C.C.	No. of Health Talks given.	General Remarks.
	Cases first reported 1918.	Cases left over from previous years.											
1918 -	1360	463	4347	8710	102		5634	536	16228 (724 of these at Clinics)	226	65	135	No Teeth are included in any of these Totals

Sub-Divisions.	No of Cases.	Vision.				Adenoids and Tonsils.			Deafness and Otorrhœa.			Anæmia, Debility.		Heart Disease.		Incipient Phthisis.		Spinal, etc., Defects.		Verminous and Ulcerated Heads.		Head infected with Nits.		Scabies.		Impetigo.		Ringworm.				Defective Teeth.		Neglected Children.		Other Diseases.	
		Spectacles obtained.	Medical advice obtained.	Other-wise Treated.	Not Treated.	Medical advice obtained.	No. of operations.	No advice obtained.	Medi-cally Treated.	Not Treated.		Medi-cally Treated.	Not Treated.	Medi-cally Treated.	Not Treated.	Medi-cally Treated.	Not Treated.	Medi-cally Treated.	Not Treated.	Treated.	Not Treated.	Treated.	Not Treated.	Treated.	Not Treated.	Treated.	Not Treated.	Medical advice obtained.	X Rays.	Home Treatment.	No Treatment.	Treated.	Not Treated.	Im-proved.	Not Im-proved.	Treated.	Not Treated.
I. Miss Clappen - - - -	763	8	15	3	4	50	16	5	14	—		21	3	5	—	13	—	—	—	35	2	170	—	36	3	135	—	34	2	79	4	8	7	92	3	37	—
II. Miss Stevenson - - - -	312	7	10	—	11	13	4	8	4	—		5	—	2	—	6	—	2	—	35	—	96	44	7	—	29	—	39	1	—	—	—	4	—	—	1	—
III. Miss Chorlton - - - -	673	58	60	3	36	23	14	31	12	3		9	3	3	—	21	3	1	—	24	—	98	—	67	—	144	—	41	3	33	1	—	1	9	1	37	10
IV. Miss Pakes - - - -	177	3	5	4	6	5	—	13	3	1		—	—	—	—	1	—	1	1	2	—	81	—	15	—	15	—	10	—	—	—	—	—	2	—	12	—
V. Miss Baker - - - -	675	16	21	1	12	20	8	16	6	1		7	—	5	—	6	—	3	2	36	11	311	35	26	—	86	—	13	5	19	—	—	5	3	—	30	5
VI. Miss Jeffrey - - - -	693	15	24	—	11	19	13	9	2	1		4	4	7	—	2	—	1	—	180	—	68	2	28	—	83	—	24	7	14	—	2	—	60	8	136	6
VII. Miss Evans - - - -	288	14	16	1	15	12	6	7	5	—		2	—	2	—	3	1	1	—	1	—	26	—	39	—	77	—	42	3	13	—	3	2	4	1	18	2
VIII. Miss Hunter - - - -	332	8	10	7	8	17	7	9	5	2		7	—	1	—	2	—	—	—	21	—	24	—	25	—	33	—	22	—	6	—	—	1	8	1	121	3
IX. Miss Wheatley - - - -	279	9	13	4	6	12	5	4	5	1		1	—	1	1	5	—	3	—	50	2	23	—	10	2	44	—	30	—	12	—	1	—	11	—	37	2
X. Miss Redfern - - - -	320	—	4	—	5	11	—	10	4	1		1	—	—	—	—	—	—	—	28	—	157	—	2	—	48	—	7	2	10	—	—	1	7	1	16	8
XI. Miss Underwood - - - -	270	13	23	1	—	20	7	14	7	2		7	—	—	—	3	—	7	2	6	—	8	2	19	—	50	1	6	1	10	—	3	1	6	1	45	30
XII. Miss Hughes - - - -	563	25	31	11	15	21	12	4	23	5		18	1	10	—	9	—	—	—	56	—	61	—	43	—	54	—	27	12	8	—	5	2	27	9	120	10
XIII. Miss Carr - - - -	208	1	6	2	5	10	3	5	3	—		5	—	1	—	7	—	1	—	10	—	17	—	13	—	65	—	18	1	6	—	1	—	14	6	14	—
XIV. Mrs. Perren - - - -	617	19	29	—	4	14	14	5	2	1		3	—	—	—	—	—	1	—	163	—	135	—	30	—	122	—	67	11	—	—	1	3	24	3	14	—
Total - - - -	6170	196	267	37	138	247	109	140	95	18		90	11	37	1	78	4	21	5	647	15	1275	83	360	5	985	1	380	48	210	5	24	27	267	34	638	76

Percentages for the year 1918 - - - -	68.7	63.8	84	89.1	97.3	95.1	80.7	97.7	93.8	93.6	99.8	99.1	47	88.7	85.7
Percentages for the year 1917 - - - -	72.4	54.5	70.7	86.3	87.5	98.1	82.8	96.8	87.8	99.3	99.8	99.4	65.3	93.4	80.8

The totals under Vision—Spectacles obtained—196, and under Adenoids and Tonsils—Number of Operations—109, are not included when calculating the percentages under these two headings. The figures 196 being included in 267, medical advice obtained ; and 109 in 247, medical advice obtained.

Total number of cases notified excluding Heads	-	-	4150
“ “ “ treated “ “	-	-	3712
Percentage 89.4			
Total number of all cases notified	-	-	6170
“ “ “ treated - -	-	-	5634
Percentage 91.3			

MILDRED S. LOWE,  
*Superintendent.*



